



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 107

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Pathways Ireland Limited
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	11th,12th & 20th June 2024
Registration Status:	Registered from 30th November 2021 to 30th November 2024
Inspection Team:	Lorraine Egan Eileen Woods
Date Report Issued:	24th July 2024

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 30th November 2015. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 30th November 2021 to 30th November 2024.

The centre was registered as a multi occupancy service. It aimed to provide medium to long term care for up to four children aged between thirteen and seventeen years on admission. At the time of the inspection there were two children living in the centre under a six month derogation as they were outside the age profile for the purpose and function of the centre. The initial placement had been extended for an additional six month period. Relevant information was regularly provided to ACIMS as part of this arrangement. The centre's statement of purpose and function described the model of care as client centred and needs-led involving collaboration with children, their families, and professionals, in a homely and nurturing environment. There were four children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2, 2.3
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the children, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 1st July 2024. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 9th July 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number:051 without attached conditions from the 30th November 2021 to the 30th November 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Inspectors found that children living in the centre were receiving good quality child centred care and were well settled within a homely environment. Care provision focused on the individual needs of each child and the support and interventions put in place by the staff team significantly improved their everyday living experiences. Inspectors saw warm and trusting interactions between staff and children and observed play and routines that were engaging and reflective of their care planning goals. Staff at interview spoke about children with affection and a strong understanding of their diverse needs as well as insight into the negative impact trauma had in their lives. They were able to describe the responses they were following in practice that ensured the best outcomes for each child.

From a review of centre records, two out of four children had an up to date written care plan on file and child in care reviews (CICR) had taken place for them in line with statutory requirements. For the remaining children who were under eight years of age, monthly statutory CICRs were not being held. The previous review dates occurred in January and March 2024 and therefore care plans were outdated. This issue had been identified by centre management as a priority and escalated in line with the centre's policy. There was evidence that emails were forwarded to the allocated social worker, team leader and the principal social worker expressing concern and requesting reviews to be scheduled without delay. While the inspection was ongoing, a CICR took place for both children with a follow up arranged for one month later. The social work team leader for the children told inspectors that challenges to staffing was affecting the significant time lapse in reviews being conducted. In addition, both children were awaiting transfer from the duty team to

the children in care team and this too was taking a protracted amount of time as a result of recruitment difficulties.

Placement planning was regularly occurring, and monthly plans were developed and evaluated by each child's key worker. These were of a high standard and detailed clear goals, actions, and outcomes. They were aligned to children's care plans and took account of their views and their parents where appropriate. However, for the children under eight years, the delays in both the CICRs and transition to the children in care team, negatively impacted the completion of their goals including access to essential services as well as permanency planning for their future. Despite this, the centre made every effort to collaborate well with the social work department involved. Referrals were made to Children's Disability Network Teams (CDNT) and outstanding assessments were sought for all children such as, cognitive assessments, occupational therapy and speech and language supports. The prolonged waiting times that emerged were highlighted in audits, discussed at team meetings and identified in governance reports and senior management meetings.

There was good evidence on children's records of careful programme planning by the staff team for each child. This took account of family access visits, involvement in community activities, therapeutic appointments, education and individual daily routines relating to age and stage of development. The staff team supported each child with their specific goals with the assistance of individual therapeutic plans and clinical consultations provided by the organisation's systemic psychotherapist. This guidance was comprehensive and aligned to any additional needs, developmental stages and unique diagnosis for each child. The files contained practical resources, work sheets and key working planners outlining sensory activities, play supports, intimate care and special interests' information. There was evidence of good contact by the staff team with the children's families too and there was a particular focus on seeking their input and opinions for the decisions being made about their care. Families were provided with regular updates on the progress they were making, and they were encouraged and facilitated to take part in all aspects of care planning.

Specialist training opportunities were provided to staff by the organisation such as suicide ideation and prevention and ligature knife. Learning was shared with all of the staff team from consultations with the organisation's psychotherapist.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre's internal physical environment was homely, welcoming and well maintained for the children. It was comfortable and clean and there was a family atmosphere created in the centre including several photos of children and staff displayed on the walls. Spaces and sections of the centre were designed for purposeful play and development to suit the different age groups living there. There were many toys and play materials available for use when children were home as well as a communal area for the older age group to relax together or spend time on their own. The centre had a sensory room containing a range of stimulating resources for individual sensory experiences and there were plans to enhance this further and add wall textures and patterns to suit the individual needs of each child.

Each child had their own bedroom with an ensuite and there were facilities for their personal belongings. They had been freshly painted with colours and décor chosen by the children at various times. One child in their feedback described how they 'love their bedroom, especially the T.V' and said that 'the young people and care team are nice to live with'. Inspectors saw two bedrooms while in the centre and these were bright and colourful with new age-appropriate beds and wardrobes. However, inspectors would recommend that these rooms are somewhat improved so that they are less sparse. The outdoor area at the rear of the centre was safe and secure and contained age appropriate equipment such as a swing set, see-saw and slide. There was also a dedicated area with lights and furnishings to use during particular times of the year. One piece of activity equipment was broken and unusable and must be removed for safety purposes. The space at the front contained a large trampoline appropriate for the older age group of children. There was grass that surrounded the centre front and back and this requires prompt attention. It was tall and overgrown and there were weeds around the structure of the premises which made it look unkempt.

A maintenance request report book was kept by the centre and repairs required were recorded. In general issues were responded to and fixed within a one to three day timeline. The deputy manager told inspectors that the centre had swift access to the maintenance person whenever it was needed.

Fire and health and safety records required some improvement to be fully in compliance with the requirements of fire safety legislation, building regulations and health and safety legislation. Staff at interview were able to describe the evacuation drills that had taken place at the time children moved in to the centre and new staff

began. However, these details were not clearly recorded in the dedicated fire book and registers. For example, the names of the staff and children as well as dates and times that the drills were undertaken were not entered in full. Overall the recording of dates for servicing fire alarms as well as fire extinguisher checks and door release inspections were not recorded appropriately. These deficits were not identified in internal or external audits taking place. Two personal emergency evacuation plans (PEEPs) were on file for the two youngest children who required support with evacuation. Inspectors reviewed these and observed that there was no inclusion of the stair gates as a hazard in the event of fire evacuation. Inspectors recommend that the advice of a fire officer is sought around the appropriate and safe use of stair gates. There was a site-specific safety statement in place for the centre and signed by the staff team. Fire safety training had been provided which was in date for all staff.

There were procedures in place for the management of risks to the health and safety of children, staff and visitors. Measures were taken to reduce the risk of injury within the centre and on its grounds. The centre maintained a log book of any accident or injury that occurred. The centre had three cars and each were taxed, insured and appropriately tested for road worthiness. The centre vehicles were driven by staff who were legally licenced to drive. Weekly car checks were completed by staff.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that the lawned areas surrounding the property front and back are maintained to a good standard. Any unusable play equipment must be removed for safety purposes.

- The centre manager must ensure that the fire and health and safety records are kept up to date and are reflective of all required information.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The staff team were continuously finding ways to improve the health, wellbeing and development of children living in the centre. They encouraged them to have healthy lifestyles and routines and emphasised the importance of play, activities and hobbies. They prioritised each child's specific health needs based on their individual diagnosis and goals from their care plans. Staff were supported to make use of their particular knowledge and skills by designing materials and creating plans to improve sensory experiences for children and promote cognitive growth, language development and help them meet milestones. The centre valued the importance of continuous training for staff and they received opportunities to attend courses specific to children's diagnosis and conditions. There was a health and wellbeing policy and procedures in place that gave direction to the staff team on how to enhance children's health.

Consultations and therapeutic care plans were also on file for each child which were prepared by the organisation's systemic psychotherapist. These outlined comprehensive interventions and ideas to guide staff and there was evidence that these techniques were interwoven into their practice with children. One of the social workers complimented the work staff were doing in this area and said they could see the big steps and progress the child had made throughout their time in the centre. There were many key working and one to one sessions recorded on the children's records relating to the health and development plans in place along with the worksheets and materials used. These were of a high standard and reflected the care and dedication to their work with children. While in the centre, inspectors observed some of the sensory play interactions taking place between staff and children. Sleep, hygiene and intimate care and diet plans were also set out for each day and these were talked about at weekly meetings with children and reviewed at team meetings. Children had regular appointments with G.Ps, dentists and opticians and where required, they were referred to consultants for investigation as well as additional specialist supports to ensure they received the best possible care. The children's files

contained a record of their health and medical information including their vaccination records. The staff team quickly responded to children's illness whenever they arose and were reactive when children voiced concerns and worries about their individual illnesses and wellbeing. The staff team gave good attention within daily plans to areas such as gut health, food intolerances, mealtime regime, and portion size.

As mentioned above, staff worked closely with social work departments and medical professionals to access additional supports. Referrals were made to services such as the local public health nurse and to agencies who could provide specific assessments relating to cognitive and sensory needs. Where there was a delay in the application process, the staff persistently advocated for children to receive a more urgent response. Children were facilitated to attend community groups and programmes appropriate to their particular diagnosis. Parents were updated regularly on progress and invited to give their opinions on treatment plans and decisions to be made about their child's health.

The centre had a medication management policy in place and all staff attended medication management training. The policy included procedures for the administration, recording, storage and disposal of medicines. The inspectors reviewed medication records and some improvements are required in the recording of medication for each child. These were mostly hand written and it was difficult to clearly identify what was prescribed, the conditions the prescriptions related to and whether the liquid medications were satisfactorily counted as part of the audits taking place. All medications were safely stored and locked away.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that each child's medication record is maintained in line with centre policy.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure that the lawned areas surrounding the property front and back are maintained to a good standard. Any unusable play equipment must be removed for safety purposes.</p> <p>The centre manager must ensure that the fire and health and safety records are kept up to date and are reflective of all required information.</p>	<p>The maintenance team attended the centre on 14th of June and attended to the lawned areas surrounding the property. The unusable mini trampoline was removed on 12th of June 2024 by maintenance and replaced by a large trampoline.</p> <p>The external fire specialists requested that a second fire book be purchased for the centre for their records. The centre manager will ensure that both fire books records contain up to date information. The external fire specialists confirmed that they will only record their fire checks in this particular fire book.</p>	<p>The centre manager has liaised with the maintenance team to develop a schedule of lawn maintenance for the remainder of the year. The care team will regularly check outdoor play equipment for wear and tear. This will also form part of annual internal audits on 2.3 and the quarterly environmental checks completed by the centre.</p> <p>The Service Manager and Compliance and Development Manager have set up a Health and Safety Working Group with the aim of streamlining Health and Safety Records with updated records aimed at being rolled out in January 2024.</p>

4	The centre manager must ensure that each child's medication record is maintained in line with centre policy.	The centre manager will ensure that prescriptions for all medication are held in the medication folder to support legibility of prescriptions recorded by the GP on each young person's Kardex. The centre manager liaised with the dispensing lead pharmacist on 8 th of July 2024 and they advised that the current method being used, in line with policy, by the centre was the most accurate method for measuring liquid.	The centre manager will appoint a medication officer in the centre beginning in July 2024 to support the review of medication. As discussed, the accurate measurement of liquid medication is not feasible upon consultation with pharmaceutical professionals. The centre will count the number of bottles of each liquid/ cream medication for each young person in line with policy.
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